

29th Annual Golden Leaf Festival
Saturday, September 24, 2011
PO Box 691, Mullins SC 29574
(843) 464-9583

1. FOOD VENDORS will be responsible for complying with ALL HEALTH DEPARTMENT REGULATIONS and for collecting and reporting all applicable taxes. State law requires a South Carolina Tax Identification number. CRAFTERS are responsible for collecting and reporting all applicable tax. State law requires a South Carolina retail license.
2. All Exhibitors **MUST** be in place by 9:00am and remain open until 5:00pm. *All vehicles must be unloaded and moved from the park to designated parking areas by 8:00am and may return to load after 5:30pm.* Friday night set up will be allowed. Handicapped parking spaces are available in limited numbers, upon medically verifiable request.
3. Exhibit spaces are approximately 12 feet by 12 feet. Exhibitors must furnish set-up tables. Tents may not exceed beyond the exhibit space. Vertical guards must be placed over tent stakes.
4. Water and electricity are available. Exhibitors are responsible for their own power cords.
5. The Golden Leaf Festival assumes no liability for loss or damage to property.
6. A rain site is available. All exhibitors are instructed to report to SMITH-HAVEN PARK if the weather is inclement to receive instructions as to the rain site. No refund will be made to vendors who choose not to setup at the rain site.

PLEASE KEEP TOP SECTION FOR YOUR INFORMATION
 Detach and return this section by September 16, 2011
 Remember to attach FEE

_____ Crafter: \$50.00 Application Fee

_____ Food Vendor: \$150.00 Application Fee

Contact Name: _____

Business Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ SC Retail License Number: _____

Will you be setting up a trailer or tent? _____

A brief description of items being sold: _____

Will you be giving anything away at the Festival? If so, please give a brief description: _____

The Golden Leaf Festival assumes no liability for loss or damage to exhibits. I agree that the Golden Leaf Festival, The City of Mullins, and any person representing them will not be responsible for accidents or loss during the period of the show. I further agree to remain with my exhibit during the scheduled period of the show and to abide by the rules of the show.

Signed: _____ Date: _____

App. Received:		Amount Paid:		# Spaces Needed:		Email Address:
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There will be a \$30 fee for any returned checks.